A psychosocial handbook

A tool for consultation

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About this handbook

This handbook was designed to be a tool for preclinical medical students during their beginnings in patient interactions and counselling. It is intended to be used in a consultation, giving step-wise approaches to some problems, and tools to use with the patients. It is by no means comprehensive, but a basic field guide to psychosocial issues common in South Africa. The handbook can be used on a tablet or smartphone, and if printed, lamination would allow repeated use of the pages that may be written on (such as the scales).

I wanted to create something that I knew past me would have benefited from, during fumblings through more abstract problems in my early medical career. I hope it is as much help to you as it was to me.

David Backwell

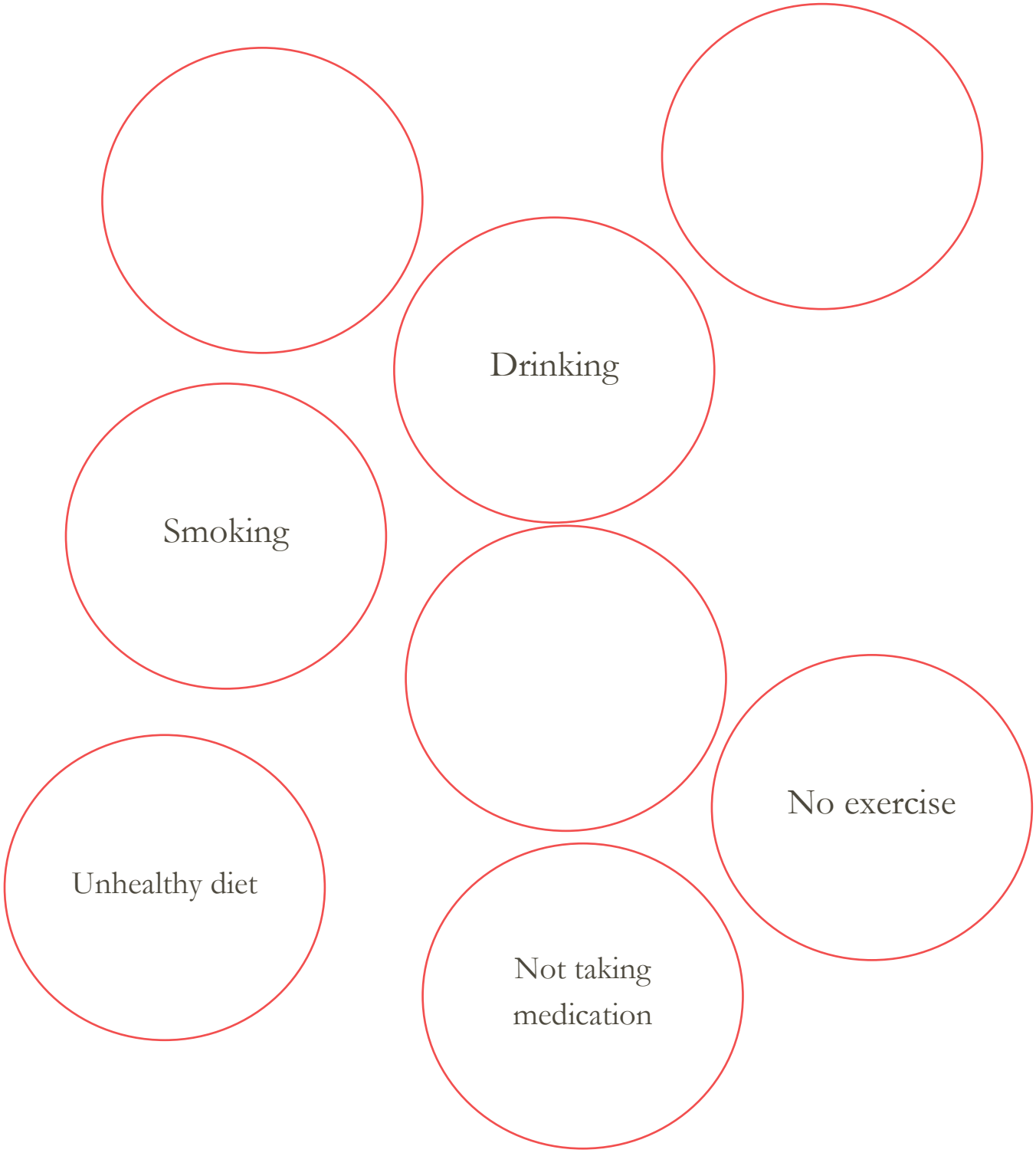
A word from the editor

This handbook is by no means exhaustive as is presented "as is", and is not meant as a textbook or meant to replace any given work. The author neither intends nor infers that this handbook is meant to replace a more complete text. Every attempt has been made to steer clear of copyright infringement. The handbook has gone through a minor peer review process, and while there have been some concerns about some of the text and some clear omissions, fixing the handbook to the level required by the reviewers would take more time and effort than the author possess. Further, a more fleshed out book would reduce its useful shortness as a quick reference.

While this handbook is specific to the Cape Town region of the Western Cape, it is published as a Creative Commons work; feel free to adapt it and update it with any information to make it useful to your context, just as long as you credit the original author and not sell the work for profit. For more details on what you can and can't do with the work, please see https://creativecommons.org/licenses/by-nc-sa/4.0/.

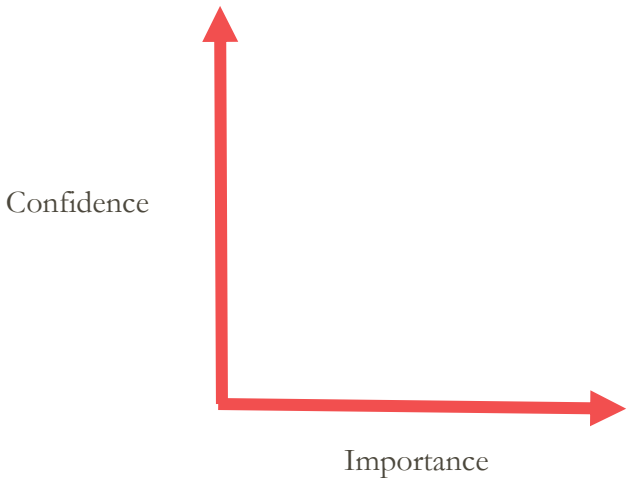
Motivational interviewing — agenda setting

The following map can be used for helping a patient identify an issue which they wish to discuss. Risk factors that do not apply can be crossed out, and new ones can be added in the blank circles.



Motivational interviewing — readiness to change[1]

Readiness to change requires the patient to believe both that changing their behaviour is important and that they can make that change. Patients can use the graph below to indicate how confident they are in their ability to change, and how important they believe the change is.[1]



If the patient's confidence is low, you need to explore means for the patient to actualize behaviour changes in their context. Explore options with the patient about how to change. If importance is low, explore the medical, psychological, and social reasons around changing. Use the table below to explore pros and cons around change.

Positives	Negatives

Dietary advice and exercise[2]

1. Eat many different types of food, from all the food groups: diary, vegetables, grains, fats and oils, and proteins. They all have different amounts of energy, vitamins, and minerals, and all are essential for maintaining health.
2. Eat foods with a low glycaemic index (GI). GI refers to how quickly food raises the amount of sugar in the blood. Low GI foods, such as brown bread, release their energy more slowly than higher GI foods such as white bread. The more processed foods are, especially grains, the higher the GI. Low GI foods can keep you full for longer, and don't have the spikes of high sugar from high GI foods.
3. Do not eat foods high in sugar. Many foods, especially 'low fat' foods, contain hidden sugars. Read the food labels to understand the sugar content. 4g of sugar is approximately 1 teaspoon. Having sugar often is bad for your teeth, makes you put on weight, and can lead to you developing diabetes.
4. Do not eat too much fat, especially saturated fats. Fat is very energy-rich, and too much, especially in collaboration with a high-GI diet, can make you gain weight rapidly. Avoid deep-frying and deep-fried foods trim meat before cooking.
5. Protein is a good source of energy, and can be eaten every day. Meats and eggs are good proteins and keep you full, but can be expensive. A cheap option is canned fish, such as pilchards. Fish are high in omega 3, a fatty acid which is important in controlling inflammation in the body.
6. Dairy products can be eaten often, and are high in calcium. Examples include milk or yogurt. Avoid sugary yoghurts and milk drinks where possible, and sweeten yoghurt naturally with fresh fruits, berries, and nuts.
7. Eat split-peas, lentils and chickpeas regularly. These are high in protein and can be cheap if bought dried and then cooked. These should be avoided if you have serious liver disease.
8. Make sure you don't eat too much salt (sodium chloride). Salt is very common in processed foods and drinks, and tastes good, but it raises blood pressure. A raised blood pressure damages the heart, the blood vessels and the brain. It increases the risk of strokes and heart attacks. Read food labels to understand the salt content. 1 teaspoon of salt is approximately 5g, or 2000mg of sodium, and this should be the maximum daily intake.
9. Eat plenty fruit and vegetables. These foods have a large amount of fibre which helps stop you from becoming constipated. Sweet fruits are high in sugar and you should not eat too many of them. Avocados are high in fat and should also be eaten sparingly.
10. Drink lots of clean, safe water. Water is needed for staying hydrated, and this is very important in older people. Non-clean water can cause diarrhoea (see sanitation and diarrhoea section).

11. Don't drink too much alcohol. Women can drink less alcohol than men because they have smaller bodies, and therefore smaller livers to clear the alcohol out the body. Men can have about two units of alcohol a day, and women can have about one unit a day. Men should not have more than 21 units a week, and women should not have more than 14 units a week. Drinking large amounts in one day is called binge drinking, and is very bad for your body and liver. Drinking too much can lead to liver disease.
12. Exercise is an important way to burn fat, and it helps you stay healthy. A sedentary lifestyle is a major risk factor for cardiac disease.

Smoking cessation[3]

Ask

About smoking history

Smoking history is recorded in 'pack years'. One pack year is equivalent to smoking twenty cigarettes per day for an entire year.
Pack years = no. per day /20 x years smoking

Advise

about health concerns

Ask the patient if they know about how smoking increases their risks for certain diseases. Use an elicit-provide-elicit approach. The key points to get across is the increased risk of cancer, not only of the lung, as well as heart attacks, strokes, peripheral vascular disease.

Assess

readiness to change

Pre-contemplation – before they have begun to consider change, give information around the dangers of smoking.
Contemplation – when the individual considers change, explore means of achieving behavior change.
Planning – when the individual prepares for change, support as needed.

Assist

with strategies

Discuss different ways of cutting down or stopping smoking:

- Stopping all smoking.
- Smoking one less a day for a week, and then cutting down again the next week.
- Only taking a limited number of cigarettes with you when you go somewhere.
- Keep a smoking journal to see when you smoke and why.

Arrange

follow-up session

Arrange follow-up at your facility or refer to a facility that is better equipped to handle this problem.

Substance abuse — identifying

Substance abuse is common. Below are two screening tools for investigating potential substance abuse. Many different substances can be abused. This includes, but is not limited to: cigarettes, caffeine, alcohol, tik (methamphetamines), Mandrax (methaqualone), and dagga (cannabis). Substance abuse is multifactorial. Please refer if found.

These questions are best asked before specific questions around how much and what is being abused.[5]

C – Have you ever wanted to cut down?

A – Have you ever been annoyed by someone asking about?

G – Have you ever felt guilty about using/taking/drinking?

E – Have you ever taken/drunk when you wake up? ('Eye-opener')

The more of the above answered with a yes, the more likely the evidence of substance abuse disorder. Two or more 'yes' answers are cause enough for suspicion of substance abuse. The table below, while specific to Alcohol Use Disorder, can be generalised to help identify abuses of other substances.

	DSM V criteria for Alcohol Use Disorder[4]	Y/N
1	Have there been times when you have ended up drinking more, or for longer, than you originally intended?	
2	Have you ever wanted to cut down or stop drinking, or tried to, but couldn't?	
3	Have you spent a long time drinking? Or recovering from after-effects/hangovers?	
4	Have you ever wanted a drink so badly that you couldn't think of anything else?	
5	Has your drinking interfered with taking care of your home or family, job or studies?	
6	Have you continued to drink even though it has caused problems with your family and friends?	
7	Have you given up or cut down on any activities that were important to you so you could drink?	
8	Have you engaged in any dangerous activities that could have gotten you hurt? (eg driving, operating machinery, unsafe sex)	
9	Have you ever continued to drink even though you were feeling depressed or anxious?	
10	Have you had to start drinking more to get the same effect that you used to get?	
11	When you don't have a drink, do you have trouble sleeping, become shaky, restless, nauseas and started sweating, with a racing heart or a seizure?	

2 or more = Alcohol use disorder; 2-3 = Mild; 4-5 = Moderate; 6 or more = Severe.

Brief intervention for substance use[6]

Assessment

Diagnose a substance use disorder

Use the criteria on the previous page to explore a diagnosis of a substance use disorder.

Feedback

Tell the patient the diagnosis

"The questions I asked earlier were to check if your drinking/substance use were a problem. The results show us that you have a pattern of problematic use, called an addiction".
*If the patient does not wish to discuss this further, you must respect this decision.

Responsibility

About risks and consequences

Ensure the patient appreciates that they are responsible for their actions. This does not mean drug use is not a multifactorial biopsychosocial problem, but that the individual makes decisions, and thus can make different decisions if supported.

Advice

Give them risk information.

Being addicted to any substances can increase your risk for depression, anxiety and other mental health problems. They also have physical health consequences.

Menu of Choices

Discussing how to move forward

Give them options about what they can do. These may include:

- Identifying when they are likely to use
    - Planning what to do and how to avoid this
- Referring to specialist organizations
- Social support structures
- Exploring alternative activities and engagements.

Empathy

Be supportive and understanding. Also foster social support outside of the clinical relationship if possible. It is important to get. You can ask who they will tell about their addiction, and why; and how they would like their family and friends involved in the future.

Self Efficacy

Monitor progress, trouble-shoot problems and support success

Empower the patient to make the change. Use motivational interviewing to check confidence and importance. Book for follow-up or refer.

Acute risk of harm

The following may be important to consider when making an urgent referral of a patient with a substance use disorder:

- Use in quantities that endanger health
- Use with suicidal intent
- Dependents, such as young children
- A history of use while performing tasks such as driving, using heavy machinery, or other behaviours which endanger others or self
- Psychotic symptoms

See page 21 for a list of useful phone numbers for referral.

Depression — information and screening[7]

Depression is a common psychiatric disorder, affecting roughly 8–12% of the global population. The two major features of this syndrome are being in sustained low mood and a loss of pleasure from previously enjoyed activities, for over 2 weeks.

As with all psychiatric diagnoses, the symptomatology must be culturally inappropriate and cause stress/dysfunction.

Women are twice as likely to have depression as men. Other risk factors include a family history of depression, low self-esteem, substance use/abuse, trauma, stress, loss, and social problems.
The K10 tool[8] is a screening method for determining psychological distress. It can be a good early screening tool for initial investigations. A higher score represents more significant distress and potential need for further management.

1 = none of the time; 2 = a little of the time; 3 = some of the time; 4 = most of the time; 5 = all of the time.

About how often did you feel tired out for no good reason?	
About how often did you feel nervous?	
About how often did you feel so nervous that nothing could calm you down?	
About how often did you feel hopeless?	
About how often did you feel restless or fidgety?	
About how often did you feel so restless you could not sit still?	
About how often did you feel depressed?	
About how often did you feel that everything was an effort?	
About how often did you feel so sad that nothing could cheer you up?	
About how often did you feel worthless?	

A high score on the K-10 (higher than around 25) may warrant referral for management of a potential depressive disorder. There are no firm cut-offs, and clinical judgement must be used when using screening tools which have inherent limitations.

Anxiety — information and screening[9]

There are range of disorders that comprise the anxiety disorders. The most common is Generalized Anxiety Disorder (GAD), which is marked by persistent and excessive worry or concern, and this worry is difficult to control emotionally, leading to distress of functional impairment. It should be present more days than not, over a period of 6 months. It may include other features of anxiety such as irritability, fatigue, and tension.

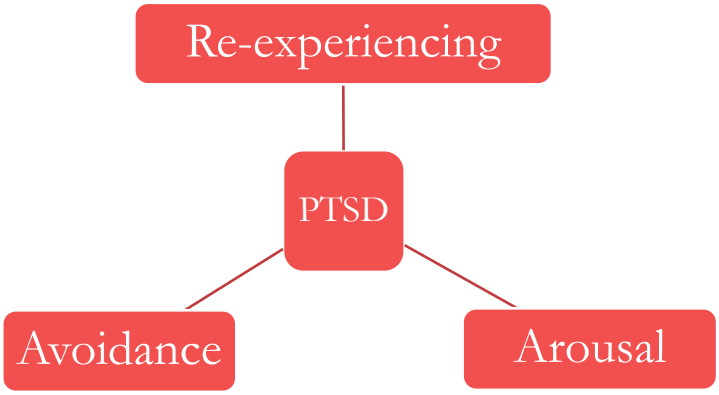
Below is the GAD-7[10] scale for screening for generalized anxiety.

0 = not at all; 1 = several days; 2 = more than half the time; 3 = nearly all the time.	
Feeling nervous, anxious or on edge	
Being unable to stop or control worrying	
Worrying too much about different things	
Having trouble relaxing	
Being so restless that it is hard to sit still	
Becoming easily annoyed or irritable	
Feeling afraid, as if something awful might happen	

Score 5-9: Mild Anxiety
Score 10-14: Moderate Anxiety
Score >15: Severe Anxiety

Post-Traumatic Stress Disorder — screening[11]

Post-traumatic stress disorder (PTSD) is considered a syndrome following an experienced or witnessed trauma, producing a pattern of symptoms that are physical, cognitive, and behavioural. These can be understood in the classic triad shown below.



- **Re-experiencing**: intrusive thoughts or flashbacks
- **Arousal**: Sleep disturbance, hypervigilance around safety and anxiety
- **Avoidance**: Avoiding events like the trauma, numbing and social withdrawal

If someone reports a history of a psychological trauma, and PTSD is considered, the following using the following screening questions[12]:

1. Have you had nightmares about the event(s) or thought about the event(s) when you did not want to?
2. Have you tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
3. Have you been constantly on guard, watchful, or easily startled?
4. Have you felt numb or detached from people, activities, or your surroundings?
5. Have you felt guilty or unable to stop blaming yourself or others for the event or events or any problems the event(s) may have caused?

Multiple yes answers should raise suspicion of PTSD.

Intimate Partner Violence[13]

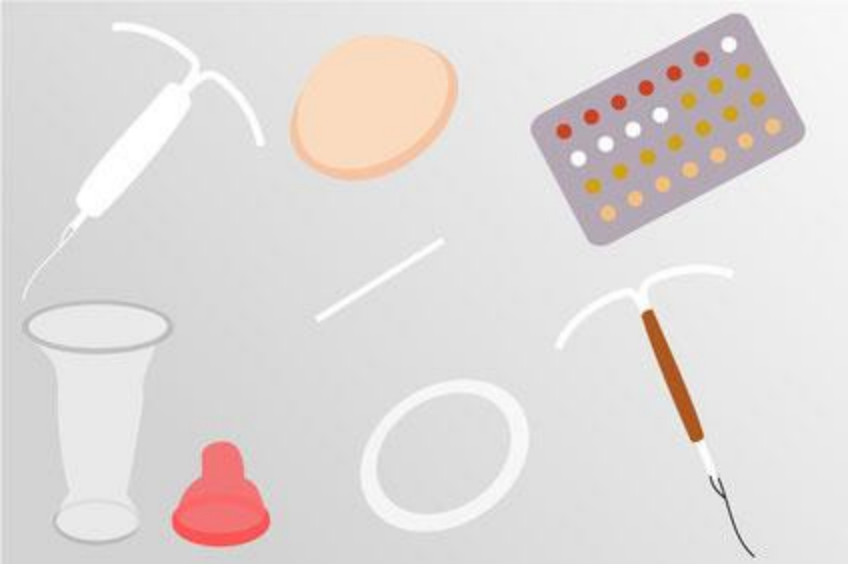
Intimate Partner Violence refers to deliberate behaviour by one individual within a close/intimate relationship (does not need to be romantic) that causes physical or psychological harm to the other individual in the relationship. Examples of types of such behaviour are listed below:

- Physical violence: hitting, smacking, beating
- Sexual violence: Rape, coercion
- Emotional abuse: threatening the individual or dependents, insulting, undermining, gaslighting
- Controlling behaviours: economic manipulation, stalking, damage of property

IPV is common and often undisclosed. Have a high index of suspicion generally, and especially in patients with vague somatic complaints, repeated injuries suggestive of abuse, young disempowered women, and poor socio-economic conditions. 42% of 13-23-year-old Cape Town women have experienced IPV. As a health care worker, you must normalize, provide containment, assess acute risk of serious injury or death, offer referrals to social services/police, and make a disaster plan.
A disaster plan is a set of actions that a person can take in the event of acute, serious, threatening abuse to protect themselves and seek safety. They may include having a bag packed, with clothes; preparing money and important documents; telling the children what to do if the mother is being attacked; keep a phone number to call in such situations, if possible. See the section on Domestic violence on page 21 for numbers to call or to give to the patient.

Sexual Health[14]

Contraception is the use of medicines or techniques to prevent pregnancy from penetrative vaginal sex. Many different methods of contraception exist, and various options can be explored with the patient. A patient should be counselled about the benefits, risks, and side effects of the options suitable to their health and co-morbidities.



Contraceptives (CC-BY-SA 2017 Wikimedia Commons)

One of the core messages around contraception is the use of 'dual protect', which is using a hormonal treatment, like the pill/injection, as well as condoms to minimize risk for pregnancy and sexually transmitted infections (STI). Contraception should be available at all clinics.

Unwanted pregnancies may have referrals for terminations of pregnancies. This is sometimes a difficult discussion, but your views must not interfere with your professional responsibility to at least refer a woman for such services.

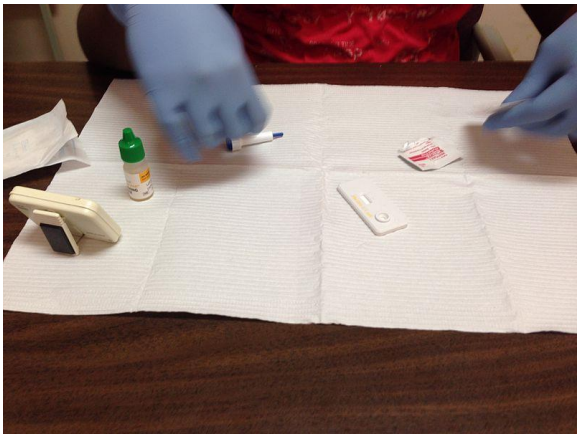
Different contraceptives have different amounts of time for the body to return to fertility (being able to become pregnant). It is important to not smoke or drink while trying to fall pregnant as it may harm the foetus. Check all medicines for safety during pregnancy. Folate supplementation before conception is important.

Important things to consider in sexual health:

- Mental distress can lead to sexual dysfunction.
- Cardiovascular disease (such as diabetes) can manifest with erectile dysfunction.
- Patients do not easily report sexual problems, and respectfully opening the conversation may help.
- Not every patient is heterosexual, and their sexual and gender identities must be respected.

HIV testing[15]

HIV testing is a common, free primary level investigation. It is a voluntary test, and a patient must give consent for a trained healthcare worker to administer the test. Below is a brief outline of a counselling process for performing the test:

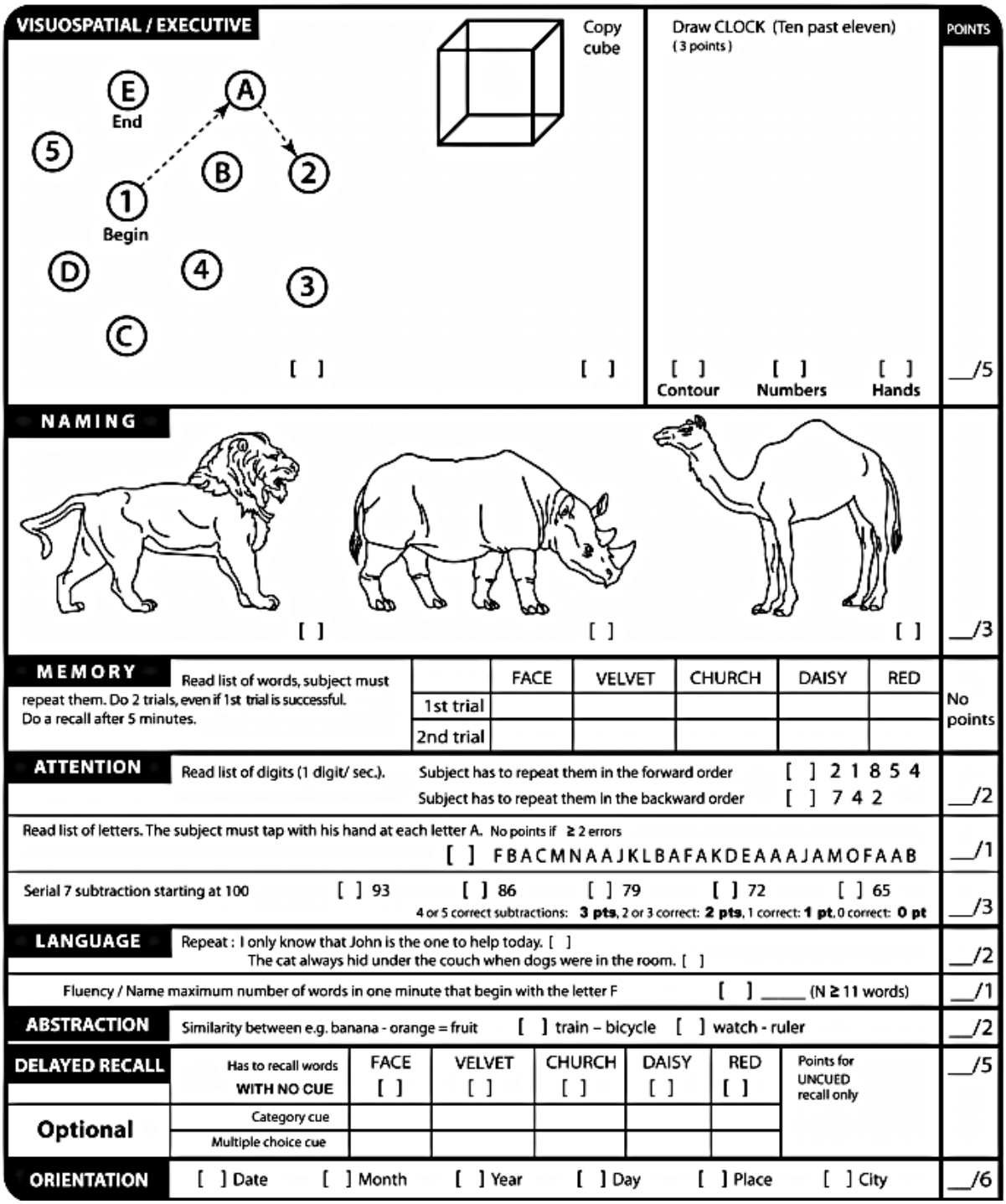


HIV Rapid Test kit (CC-BY-SA Equality Michigan)

1. Why does the patient want to be tested?
2. Assess the risk of the patient.
3. Ask about knowledge about HIV: what it is, what it does, how it is spread and how to prevent infection. Be sure to explain the window period.
4. Explain the test.
5. Discuss the implications of a positive or negative result.
6. Anticipate the result; discuss how they would cope, who they could tell, and what support they have.
7. Explain that the test result is confidential and will not be shared.
8. Take informed consent.
9. Perform the test.
    a. Show the patient the test is in a sealed packet.
    b. Get your gloves, lancet, cleaning swabs, buffer solution and test kit.
    c. Open the test kit and show it to the patient. Explain how the results will look for that specific test.
    d. Put on your gloves, clean the finger to be pricked, and prick it with the lancet.
    e. Use the capillary tube to draw blood from the prick and place it in the test well.
    f. Add the appropriate amount of buffer to the test.
    g. Wait 5–10 minutes for the rest.
    h. Safely dispose of sharps and waste materials.
10. Share the result with the patient.
11. Allow the patient to respond.
12. Respond to the questions of the patient.
13. Crisis management (if positive): ensure no acute risk of harm, ask about support, and what they will do in the next few hours.
14. Arrange follow-up visits.
15. Refer to support services at a local CHC.

Montreal Cognitive Assessment (MOCA) [16]

The Montreal Cognitive Assessment (MOCA) is a screening tool for cognitive impairment and is most often used in screening for dementia (an acquired, significant cognitive decline in at least two ognitive domains). A scored of 26 or higher is considered normal. A score of 22 or lower suggests a mild cognitive impairment, and a score of 17 or below is suggestive of a dementia.



Basic disability assessment: ADLs and IADLs

Physical disability is common in ageing patients, neurology patients and sometimes post-trauma. Below are two tables, the Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL), which help measure the difficulties patients may have. This is not a formal assessment of disability, but a quick tool for screening. If you are concerned about your screening findings, refer the patient on (with comprehensive notes) to either an occupational therapist, a rehabilitation centre, or a more senior or specialized doctor.

Activities of Daily Living[17]

		Yes, limited a lot	Yes, limited a little	No, not limited at all	Never do this activity	Unsure /DKN
1	Grooming and cleaning yourself					
2	Dressing yourself					
3	Climbing three flights of stairs					
4	Climbing one flight of stairs					
5	Bending, kneeling or stooping					
6	Walking long distances (>1km)					
7	Using the toilet alone					
8	Feeding yourself					
9	Transferring eg from chair to bed					

Instrumental Activities of Daily Living[18]

		Yes, limited a lot	Yes, limited a little	No, not limited at all	Never do this activity	Unsure /DKN
1	Ability to use a phone					
2	Taking care of all your shopping needs					
3	Preparing and cooking your own meals					
4	Performing heavy housework, such as sweeping or scrubbing the floor					
5	Performing light housework, such as dusting or washing dishes					
6	Doing your own laundry					
7	Travels independently, in public transport or your own vehicle					
8	Able to manage your own medication					
9	Manage your own money and bills					

Criteria for government grants[19]

You should apply at the SASSA office nearest to where you live. If a patient is too old or too sick to apply for the grant at the office, they may have a friend or family member apply on their behalf. The application forms must be completed in the presence of a SASSA officer. When they hand in their application, they will be given a receipt as proof of application. The application is **free**. The following documents should accompany the application: identification document, marriage certificate, proof of address, proof of income, proof of assets (including property), and three months' worth of bank statements.

Most grants have requirements about how much money the individual or household earns per month or per year. You will first need to refer the patient to a government worker; see page 21 for contact information.

Grants available include:

- **Child Support Grant**: R380 per month. The patient must be the primary care-giver of the child. If the child is not their biological child, they will need proof of their caregiver status.
- **Older Person's Grant**: R1,600 per month. The patient must be 60 years of age or older.
- **Disability Grant**: R1,600 per month. A medical officer must find the patient unfit for work (either temporarily or permanently) due to physical or psychiatric reasons. They must be between 18 and 59 years of age.
- **Grant-in-Aid**: R380 per month. This grant is to supplement the incomes of individuals that require full-time care due to their health condition.
- **Care Dependency Grant**: R1,600 per month. This grant is for a caregiver with a child under the age of 18 (not in a state facility) whom has considerable mental or physical disability.
- **War Veteran's Grant**: R1,620 per month.
- **Foster Child Grant**: R920 per month.

Diarrhoea in children[20]

It is common for children to experience acute watery diarrhoea. Sometimes, this will be a mild disease and the child can recover well at home. However, diarrhoea can cause dehydration, which, if left untreated, can become life-threatening.
To reduce the risk of diarrhoea:

- Ensure that children are receiving their vaccinations
- Breast feed infants for at least 6 months
- Boil untreated water supplies

Some of the clinical red flags of severe dehydration from diarrhoea are:

- Rapid or weak pulse (or both)
- Sunken eyes and fontanelles
- No urine

There are also red flags to warn care-givers about to ensure that they promptly return to the clinic:

- Bloody diarrhoea
- Not eating or drinking at all
- Stomach pains that come and go, or are severe
- Drowsiness or not responding

Home-made ORS[21]

Oral Rehydration Solution (ORS) is a fluid can be made at home with boiled and cooled water, to be fed to children with diarrhoea in small sips to keep them hydrated. This should only be given to children with mild-to-moderate diarrhoea.

1. Boil 1 litre of water and allow to cool.
2. Add 8 level teaspoons of white sugar.
3. Add half a teaspoon of salt.
4. Stir to mix completely.
5. Give to child in small sips.

Useful phone numbers and contacts

Referral for substance use

- Alcoholics anonymous: (083) 143 5722
- Narcotics anonymous: (083) 900 6962

Depression

- Suicide crisis line: 0800 567 567
- Lifeline: 0861 322 322
- Childline: 0800 055 555

Domestic violence

- Stop Gender-Based Violence Helpline: 0800 150 150
- Abuse Helpline: 0800 150 150
- Rape Crisis 24hr Line: 021 447 9762
- Flying Squad police: 1 0111
- Human Trafficking Hotline: 0800 55 59 99

Sexual health resources

- Emergency Contraception Hotline: 0800 24 64 32
- Rape Crisis: 021 447 9762

Government grants

- Toll-free help-line: 0800 601 011

General

- Ambulance: 10177
- Child emergencies: 0800 123 123
- AIDS Helpline: 0800 012 322
- Diabetes South Africa: 0860 111 3913
- Epilepsy South Africa: 0860 374 537
- CrimeStop: 08600 10 111

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